

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT
FOR A RETREAT FOR ST. FRANCIS BORGIA CHURCH

CHILD/WARD: _____ ACTIVITY: YOUTH RETREAT PROGRAM

DATE(S) OF ACTIVITY (Please circle preference) : February 4, 2018 9AM-3:30PM PARISH: ST. FRANCIS

BORGIA DESIGNATED SUPERVISOR OF ACTIVITY: Ben Rogalla

DESCRIPTION OF ACTIVITY: PRESENTATION, DISCUSSION, REFLECTION, RECREATION

METHOD OF TRANSPORTATION: personal to church STUDENT COST : \$35

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

HEALTH FORM

NAME: _____ GENDER _____ BIRTHDATE _____

ADDRESS: _____ PARISH/SCHOOL: _____

FAMILY PHYSICIAN OR CLINIC: _____ PHYSICIAN ADDRESS: _____

PHYSICIAN PHONE: _____

FAMILY HEALTH INSURANCE: _____ POLICY NUMBER: _____

Please list any health information that might be needed by the retreat staff or emergency personnel: allergies, chronic conditions, recent or current illness or injury, tetanus status etc.

MEDICATIONS: Please list any medications that your child will be taking while on the retreat:

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Legal Guardian Signature

Date

Address

H _____ C _____
Phone Numbers

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name (Please Print)

H _____ C _____
Phone Numbers